

208  
1-19-00

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		09/11/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		2	9/15/00
FORMALITY REVIEW	<i>ALL</i>	854	10-18-00
RESPONSE FORMALITY REVIEW	<i>MT</i>	593	03/25/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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